

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0087931 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 03/15/2012 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male with date of injury of 03/15/2012. The listed diagnosis per [REDACTED] is right ankle joint pain. According to a progress report dated 05/06/2014, the patient reports some improvement with physical therapy but still has tenderness over the medial and lateral ankle. There is positive tenderness with palpation over the Achilles tendon and peroneal tendons. Range of motion of the ankle was decreased. Treater is requesting patient continue with physical therapy. Utilization review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 x 4 Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Ankle and Foot; ODG Physical Therapy Guidelines; ODG Preface

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: A physical therapy report from 05/01/2014 indicates the patient has completed his 6th and final session. The report stated that the patient continues to have difficulty performing work duties such as prolonged walking, standing, negotiating stairs, pivoting, and planting his foot. The physical therapist recommended additional "active-based physical therapy program to address patients continued impairments." For physical medicine, the MTUS Chronic Pain Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater's request for 8 additional sessions with the 6 already received exceeds what is recommended by the MTUS Chronic Pain Guidelines. Furthermore, the treater does not provide a discussion as to why the patient would not be able to transition into a self-directed home exercise program. As such, the request is not medically necessary and appropriate.